PTO/SB/17 (10-08)
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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).					Complete if Known Application Number 10/635,091-Conf. #6980				
FEE TRANSMITTAL For FY 2009  Applicant claims small entity status. See 37 CFR 1.27					-		August 6, 2003		
							Anne M. Pianca		
					A THE RESIDENCE AND A PARTY OF THE PARTY OF		M. W. Kahelin		
							3762		
					Attorney Docket No.		20334/0209347-US0		
METHOD OF	***************************************	***************************************							
METHOD OF	PAYMENT (che	ck all that	apply)			~~~	***************************************	***************************************	***************************************
Check	Credit Card		ney Order	Noi	ne Other (	please identify	/): 		
x Deposit Ac	count Deposit Acco	unt Number:_	04-	-0100	Deposit	Account Name:	Darby	& Darby P	.C.
For the	above-identified d	eposit acc	ount, the D	irector is	hereby authorize	ed to: (checi	k all that apply)		
x Ci	harge fee(s) indica	ted below	,		Charge	e fee(s) ind	icated below, e	xcept for th	e filing fee
X Cl	narge any addition e(s) under 37 CFF	al <b>fee</b> (s) o	or underpay	ments of	f x Credit	any overpa	yments		
FEE CALCUL	************************	***************************************	***********************	www.	***************************************	****************	~~~~		~~~
1. BASIC FILIN	G, SEARCH, AND	EXAMIN	ATION FEI	ES	·····	***************************************	***************************************	·······	***************************************
		FILING I		SEA	ARCH FEES	EXAMIN.	ATION FEES		
Application Ty	ne Fee		nall Entity Fee (\$)	Fee (\$	Small Entity Fee (\$)	Eco (\$)	Small Entity	F D	-i-l ( <b>6</b> )
Utility		30	165	540	270	<u>Fee (\$)</u> 220	Fee (\$)	Fees Pa	<u>aid (\$)</u>
Design		20	110	100	50		110		
Plant		20	110	330		140	70		
Reissue	33		165		165	170	85		
Provisional	22			540	270	650	325		
		20	110	0	0	0	0		
2. EXCESS CLA	AIIVI FEES								Small Entity
Fee Description Each claim over	20 (including Re	issues)						Fee (\$)	Fee (\$)
Each independent claim even 2 (including Deignas)									26
Multiple depend		roraumg r	Colssuos					220 390	110 195
Total Claims	Extra Cla	ims Fe	e (\$)	Fe	e Paid (\$)	Mı	Iltiple Depende		193
	21 or HP	x	=		υ τ αια (φ)			ent Claims ee Paid (\$)	
HP = highest numb	per of total claims paid		er than 20,					<u> </u>	
Indep. Claims			ee (\$)	Fe	e Paid (\$)				-
	3 or HP =	×							
HP = highest numb	er of independent clai	ms paid for,	if greater than	า 3.					
3. APPLICATION									
If the specifical	tion and drawings	exceed 1	00 sheets o	f paper (	excluding electro	onically file	ed sequence or	computer	
sheets or fra	er 37 CFR 1.52(e) ection thereof. Sec	), the app	lication siz	e fee due	e is \$270 (\$135 fo	or small ent	tity) for each ac	iditional 50	
Total Sheets					Iditional 50 or frac	tion thoroaf	Eco (¢)	Foo D	o:4 (¢)
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4. OTHER FEE(S					(round up to a who	e number, x		Econ D	inid (0)
•	Specification, \$1	130 fee (n	o small ent	ity disco	ount)			Fees P	<u>ain (8)</u>
	ate filing surcharg				•	on (RCE)	(see 37	810	100
SUBMITTED BY	***************************************	***	***************************************	MANAGEMENT CONTRACTOR	***************************************		***************************************		
Signature	177 7 . 7.	7G	***************************************		Registration No.	41 600	Talanha	(200) 202	2000
I (A					(Attorney/Agen1)	41,622	Telephone	(206) 262-	
Name (Print/Type)	Bruce E. Black		000000000		***************************************		Date F	ebruary 25	5, 2009